

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Fair Haven*

County

*Anne Arundel*Date
of death *1906*

Month

2

Day

12

Age

Years

75

Months

Days

Sex

*Male*Color or
Race*Colored*Birth-
place*Not Known*

Occupation

*Laborer*Where Residing if not
at place of deathMarried, Single
or Widowed*Widower*Name of Wife or
HusbandFather's
Name*Not Known*Father's
Birthplace*Not Known*Mother's
Maiden Name*Not Known*Mother's
Birthplace*Not Known*Name of person giving
information*James Brown*How related
to deceased*Friend*

CAUSES OF DEATH

Primary

Renal Dropsy

How long

6 weeks

Immediate

Pulmonary oedema

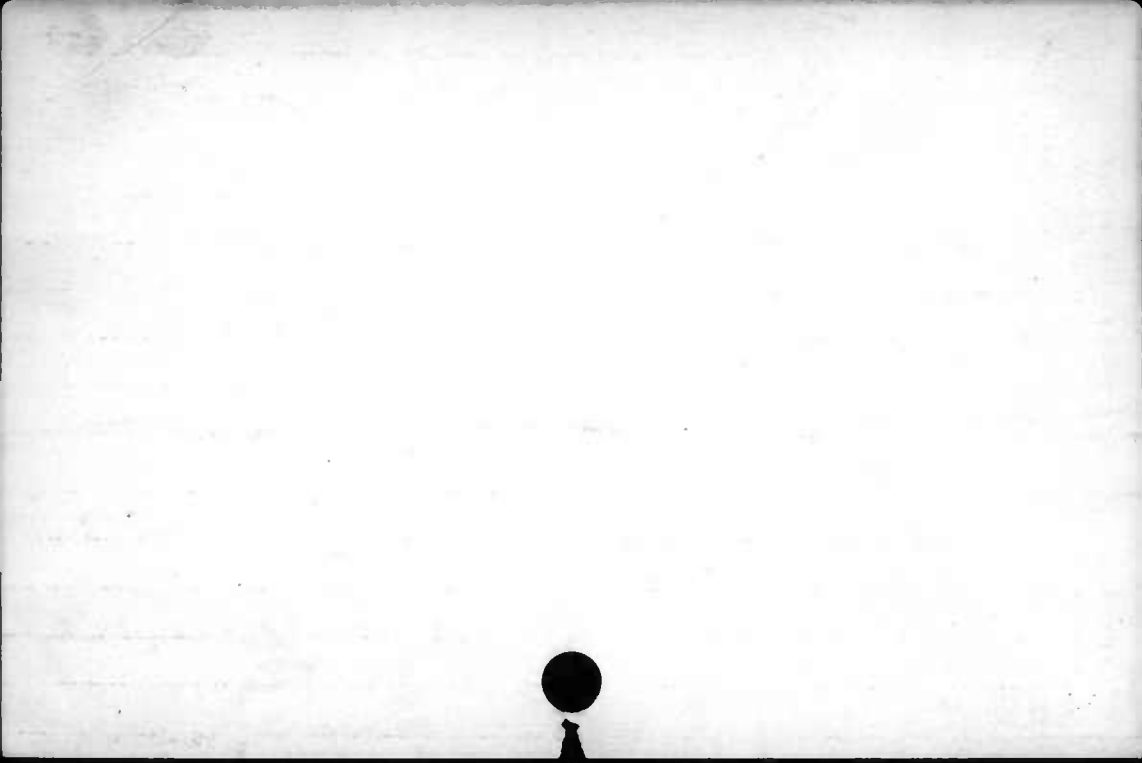
How long

*36 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*A. Sydney Sharkey M.D.*

Address

Leitchs Md

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIEND

Ann Elizabeth Brown
 Died at *Annepolis* Town *Annepolis* County *MARYLAND*

Date of death *1906* Month *July* Day *3* Age *67* Years Months *5* Days *24*

Sex *Female* Color or Race *Colored* Birth-place *South Ridge*

Occupation *Domestic* Where Residing if not at place of death *69 West St.*

Married, Single or Widowed *Married* Name of Wife or Husband *Amiel Brown*

Father's Name *Geo E. Smith* Father's Birthplace *Pa Co*

Mother's Maiden Name *Elen Borders* Mother's Birthplace *Pa Co*

Name of person giving information *Mary Heater* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cirrhosis of the Liver* How long *6 months*

Immediate *Exhaustion* How long *few days.*

Are the name, age, sex, color, date and place correctly given above? *They are*

Signature of Physician *R. P. Reese, M.D.*

Address *60 Cathedral St
Annepolis, Md.*

Accident or Suicide? *—*



Hobart Duwall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>20</i>	Age	Years	Months	Days	<i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Annapolis</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Ernest Duwall</i>			Father's Birthplace <i>Prince Geo. Co.</i>				
Mother's Maiden Name <i>Almer C. Duwall</i>			Mother's Birthplace <i>Annapolis</i>				
Name of person giving information <i>Ernest Duwall</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric enteritis</i>	How long <i>12 hr.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. Murphy</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	

105



Name
In
Full

George Edwards

CERTIFICATE OF DEATH

Died at ^{Town} Annapolis^{County} Anne Arundell

MARYLAND

Date
of death 1906Month
FebDay
11thYears
Ago 65Months
2Days
—

Sex Male

Color or
Race ColBirth-
place A. A. CoOccupation
LaborWhere Residing if not
at place of deathMarried, Single
or Widowed MarriedName of Wife or
Husband Sarah TylorFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

Sarah Edwards

How related
to deceased Wife.

CAUSES OF DEATH

Primary

Chronic Nephritis
& Asthma

How long

Months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

John Ridout M.D.

Address

Annapolis
Md

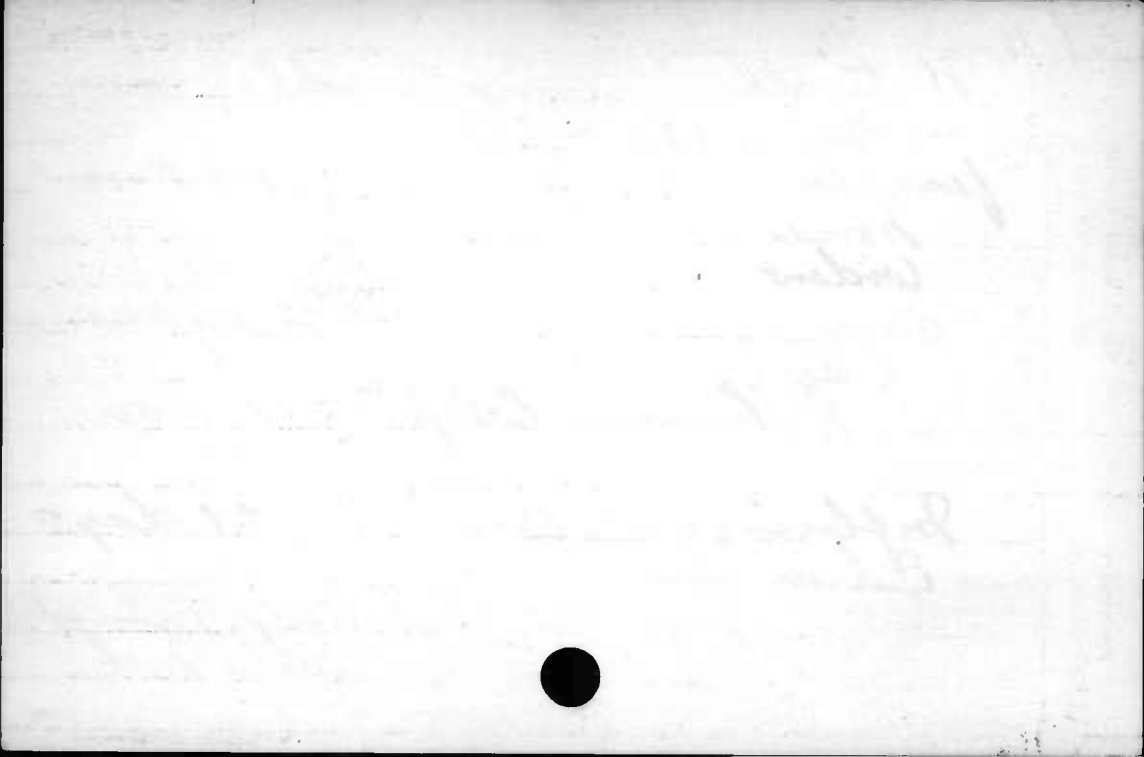
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

(1)



Name in Full		CHARLES A. ELLIOTT				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>A. A. Co</i>		MARYLAND	
	Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>16</i>	Age <i>50</i>	Years	Months <i>—</i>	Days <i>—</i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>A A Co</i>				
	Occupation <i>Carpenter</i>			Where Residing if not at place of death				
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
	Father's Name <i>Richard Elliott</i>			Father's Birthplace <i>A. A. Co</i>				
	Mother's Maiden Name <i>Annie Wards</i>			Mother's Birthplace <i>A A Co</i>				
Name of person giving information <i>Harry W Elliott.</i>			How related to deceased <i>Bro.</i>					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Alcoholism</i>		<i>(56)</i>		How long <i>Years</i>			
	Immediate <i>Heart Failure</i>				How long <i>Suddenly</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. S. Hephurn</i>					
			Address <i>Annapolis</i>					
			<i>Med.</i>					
Accident or Suicide?								



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County
	Marry F. Estep		Rutwell		Anne Arundel
	Date of death	1906	Month	Feb.	Day
				12	Years
				Age	80
	Months		Days		
	Sex		Color or Race		Birth place
female		Colored		not known	
Occupation		Where Residing if not at place of death			
none					
Married, Single or Widowed		Name of Wife or Husband			
Widow					
Father's Name		Father's Birthplace			
Harry Johnson		not known			
Mother's Maiden Name		Mother's Birthplace			
Elsy Turner		" "			
Name of person giving information		How related to deceased			
R. Thurman Estep		son			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		
	Influenza with Bronchitis		21 day 2		
	Immediate		How long		
	Exhaustion		12 hours		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
yes		Dr. Sydney Starling M.D.			
		Address			
		Leitchs Md.			
Accident or Suicide?					



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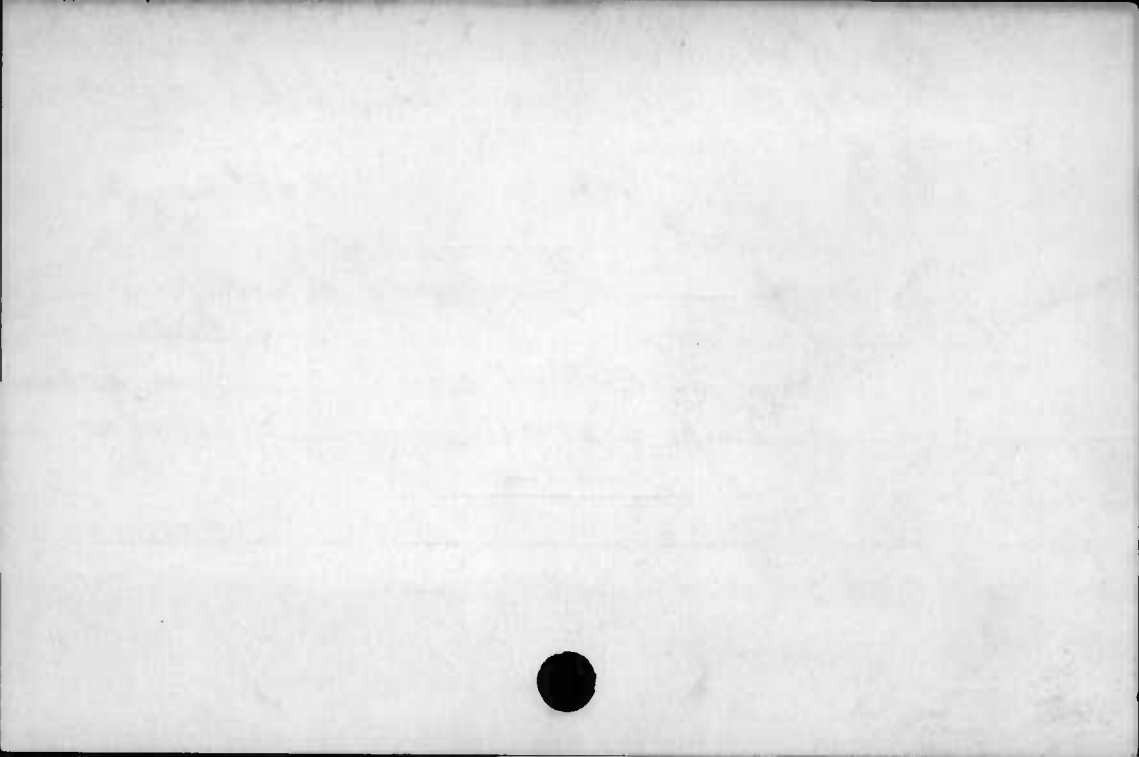
MARYLAND

Died at <i>Annapolis</i> Town <i>Ann</i> County <i>Ch</i>						
Date of death <i>1906</i>	Month <i>July</i>	Day <i>16</i>	Age <i>44</i>	Years <i>2</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>West Virginia</i>			
Occupation <i>Merchant</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rebecca Ford</i>				
Father's Name <i>J. M. Ford</i>		Father's Birthplace <i>W. Virginia</i>				
Mother's Maiden Name <i>Katharine Perkins</i>		Mother's Birthplace <i>W. Virginia</i>				
Name of person giving information <i>Rebecca Ford</i>		How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sudden death Cortic Valvular disease</i>	How long <i>years</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Oliver Purvis</i>
	Address <i>Annapolis Md.</i>
Accident or Suicide?	



Name
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TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death <i>1906 Feb Friday</i>		Age <i>58</i>		Months <i>3</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Palermo, Sicily</i>			
Occupation <i>Merchant</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs. Mary Graci</i>				
Father's Name <i>Onofrio Graci</i>	Father's Birthplace <i>Palermo, Sicily</i>		Mother's Birthplace <i>Galway, Ireland</i>		
Mother's Maiden Name <i>Mary Morgan</i>	How related to deceased <i>Wife</i>				
Name of person giving information <i>Mary Graci</i>					

CAUSES OF DEATH

Primary <i>Cancer of Larynx</i>	How long <i>6 mos</i>
Immediate <i>Asthma</i>	How long <i>"</i>

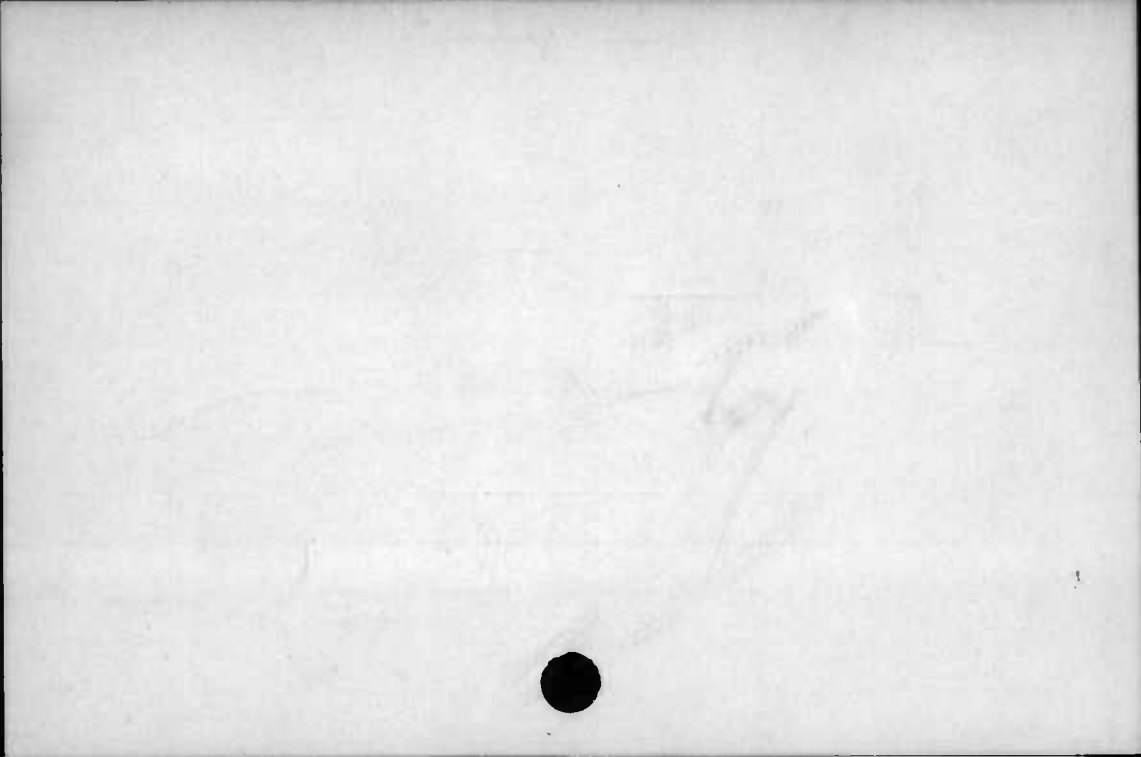
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

S. S. Hepler
Annapolis
Md.

Accident or Suicide?



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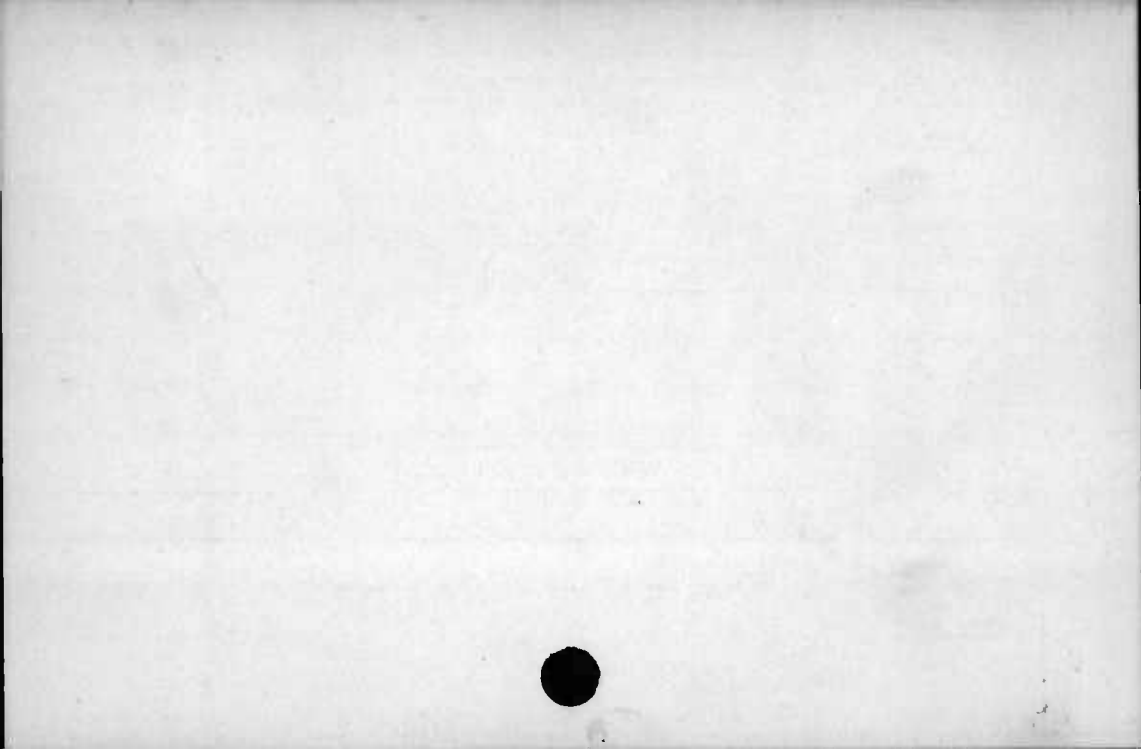
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Paul J. Humming</i>		Town <i>East-Port-</i>		County <i>A. C.</i>		MARYLAND	
Died at <i>East-Port-</i>		Month <i>Feb.</i>		Day <i>7</i>		Age <i>—</i>	
Date of death <i>1906</i>		Month <i>Feb.</i>		Day <i>7</i>		Years <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>East-Port-</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>17</i>		Days <i>17</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Amahoke</i>		Mother's Birthplace <i>Walla-Walla</i>	
Father's Name <i>John. Humming</i>		Mother's Maiden Name <i>Ella Valley</i>		Name of person giving information <i>Ella Valley</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>151</i>
Immediate <i>10 days</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Murphy</i>
Accident or Suicide?	Address <i>—</i>



Name
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CERTIFICATE OF DEATH

MARYLAND

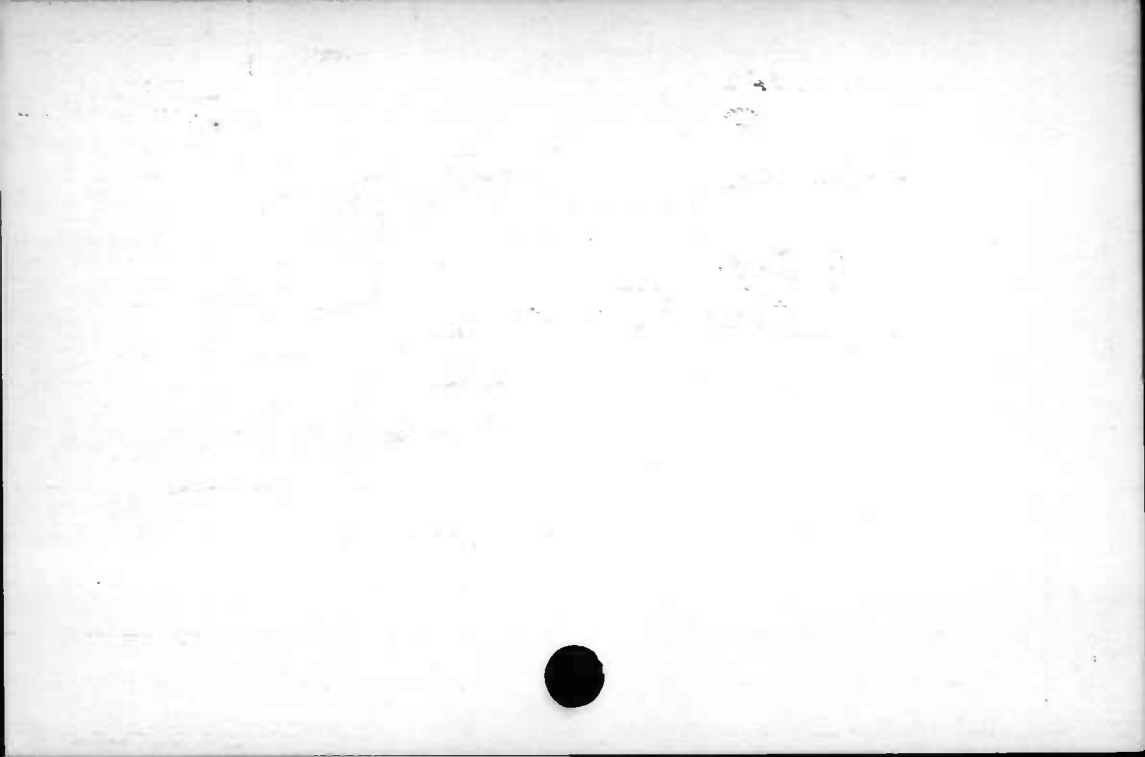
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shady Side</i> Tcwn		County <i>A. A.</i>	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>27</i>	Age <i>75</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birthplace <i>Ind</i>	
Occupation <i>Carpenter</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Christmas</i>		
Father's Name <i>Chas. Holland</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Phyllis Holland</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Alex Holland</i>	How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of Heart</i>	How long <i>2 Yrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. G. Elzey (P. M. G. I. D.)</i>
	Address <i>Baltimore, Md</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *South Baltimore*

Town

County

*A.A.*Date
of death *1906*

Month

2

Day

6

Years

Age

44

Months

Days

Sex

*Female*Color or
Race*Black*Birth-
place*Md*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Eli Jackson*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information*Ella Webster*How related
to deceased*None*

CAUSES OF DEATH

Primary

Burned to death

How long

Immediate

Supercut

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Wm. L. Hawkins Cor*

Address

Brooklyn

Accident or Suicide?

PHYSICIAN
OR CORONER

1



Name in Full		Horace Jackson				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND		
		South Baltimore		AA					
		Date of death	1906	Month	2	Day	6	Age	30
		Sex		Male		Color or Race		Black	
		Occupation		Laborer		Where Residing if not at place of death		Ma	
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving Information		Ella Webster				How related to deceased			
		Name							
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Burned to death		How long			
		Immediate		Suffocative		How long			
		Are the name, age, sex, etc., or date and place correctly given above?		Yes					
		Signature of Physician		Wm. L. Hawthorne Cor					
		Address		Brooklyn Md					
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

John Jackson
Died at *Luth Ballin*

Town

County

MARYLAND

Date

of death 1906

Month

2

Day

6

Years

Age

20

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Ma

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Eli Jackson

Father's
Birthplace

Ma

Mother's
Maiden Name

Olivia Jackson

Mother's
Birthplace

Ma

Name of person giving
information

Hennis L. L. L.

How related
to deceased

None

CAUSES OF DEATH

Primary

Burned to death

How long

Immediate

Suffocation

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Wm. L. Hawkins
Brooklyn

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Isadore Jackson</i>		Town <i>South Baltimore</i>		County <i>AA</i>		MARYLAND	
Died at <i>South Baltimore</i>		Date of death <i>1906</i>		Month <i>2</i>		Day <i>6</i>	
Age <i>9</i>		Years <i>9</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>MC</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Eli Jackson</i>		Father's Birthplace <i>MC</i>					
Mother's Maiden Name <i>Eliya Jackson</i>		Mother's Birthplace <i>MC</i>					
Name of person giving Information <i>Wenhis Greene</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

Primary

Burned to death

How long

Immediate

Asphyxiation

How long

Are the name, age, sex, color, date and place correctly given above?

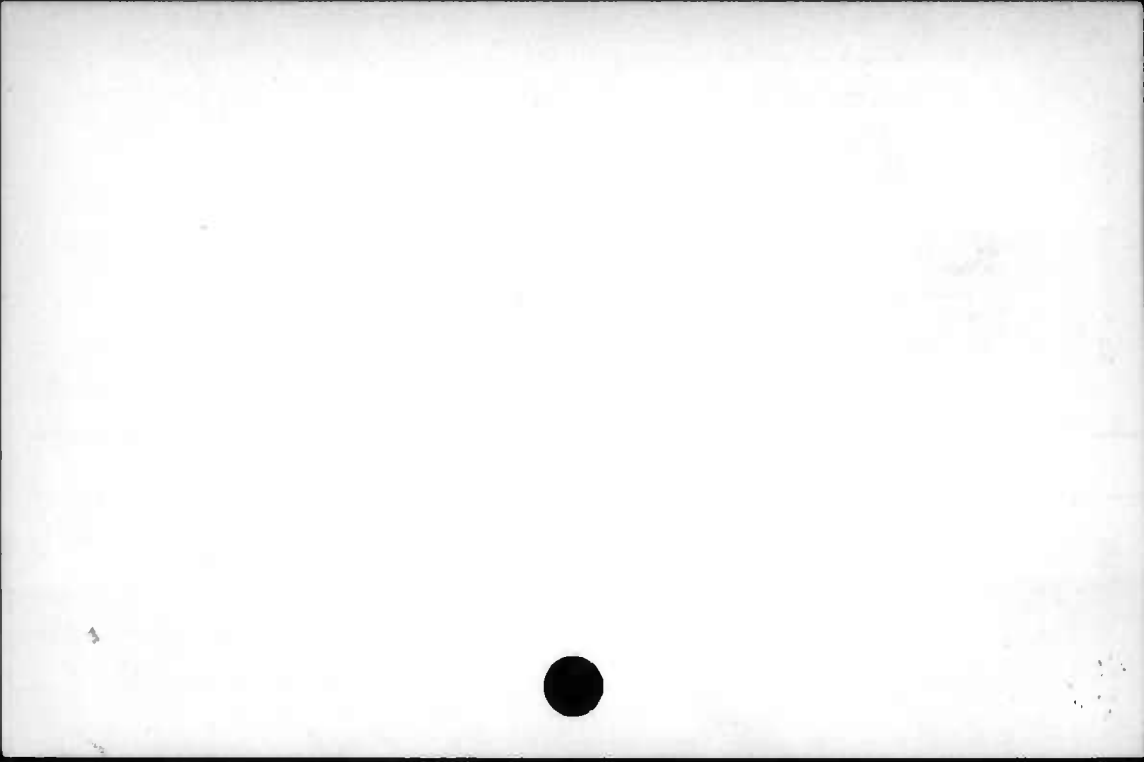
yes

Signature of Physician

Address

Wm L. Hawkins Con
Brooklyn MC

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Eastport</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death <u>1906</u> ^{Month} <u>2nd</u> ^{Day} <u>4th</u>		Age <u>70(1)</u> ^{Years}		Months <u> </u> Days <u> </u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u> </u>	
Occupation <u>Doctor</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u> </u>			
Father's Name <u> </u>		(120)		Father's Birthplace <u> </u>	
Mother's Maiden Name <u> </u>				Mother's Birthplace <u> </u>	
Name of person giving information <u>J. Oliver Purvis, M.D.</u>		How related to deceased <u>Nephew</u>			

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary <u>Arterio Sclerosis & Hypertension</u>		Pneumonia?		How long <u> </u>	
Immediate <u> </u>				How long <u> </u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. Oliver Purvis, M.D.</u>			
		Address <u>Amesbury, Ind.</u>			
Accident or Suicide? <u>no</u>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>South Baltimore</i>		Town <i>AA</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>2</i>		Day <i>6</i>		Years <i>23</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>MD</i>		Months <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death				Days <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Horace Jackson</i>					
Father's Name <i>/</i>		Father's Birthplace					
Mother's Maiden Name <i>E. L. Jackson</i>		Mother's Birthplace <i>MD</i>					
Name of person giving Information <i>Ellie Webster</i>		How related to deceased <i>ms</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Burned to death</i>	How long <i>(167)</i>
Immediate <i>Lupercubus</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. L. Hawkins MD</i>
	Address <i>Baltimore MD</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *South Baltimore* Town

County

Date
of death *1906*Month *2*Day *6*Age *25* Years

Months

Days

Sex *Male*Color or
Race *Black*Birth-
place *MD*Occupation *Reverend*Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
HusbandFather's
Name *Eli Jackson*Father's
Birthplace *MD*Mother's
Maiden Name *Eliya Jackson*Mother's
Birthplace *MD*Name of person giving
Information *Dennis Levene*How related
to deceased *Uncle*

CAUSES OF DEATH

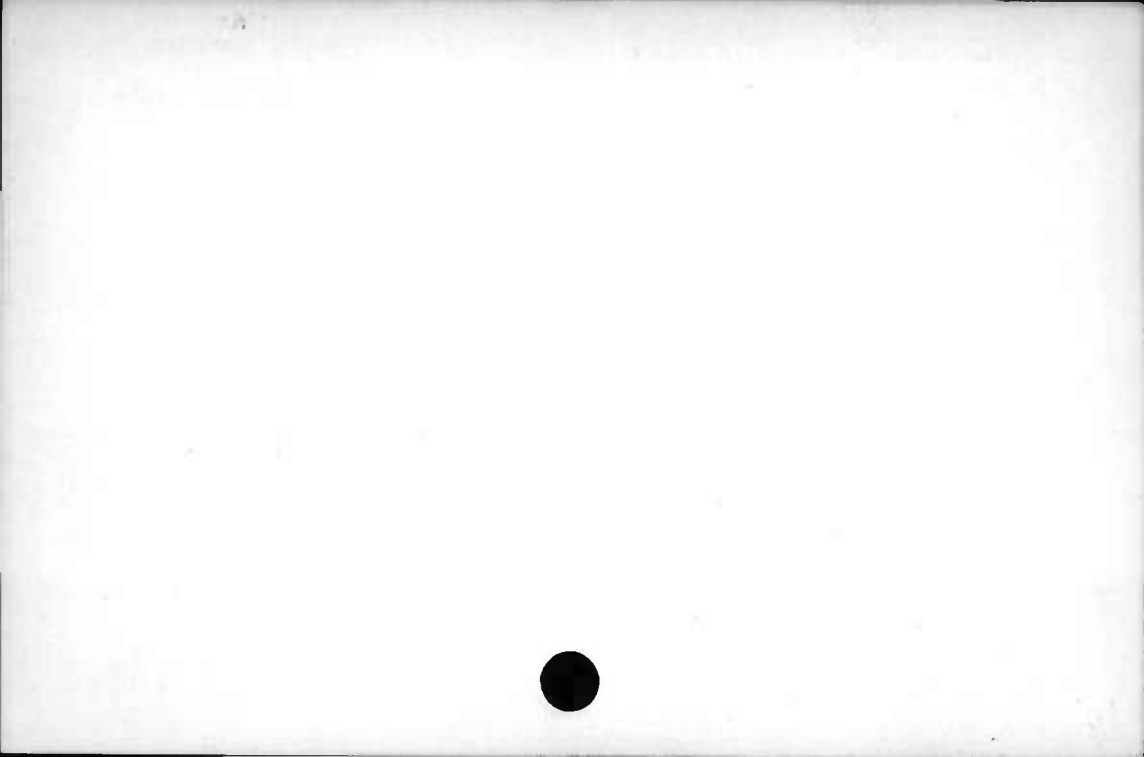
Primary *Burned to death*How long *(16)*Immediate *Asphyxiated*

How long

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *Wm. L. Hawkins MD*Address *Brooklyn MD*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

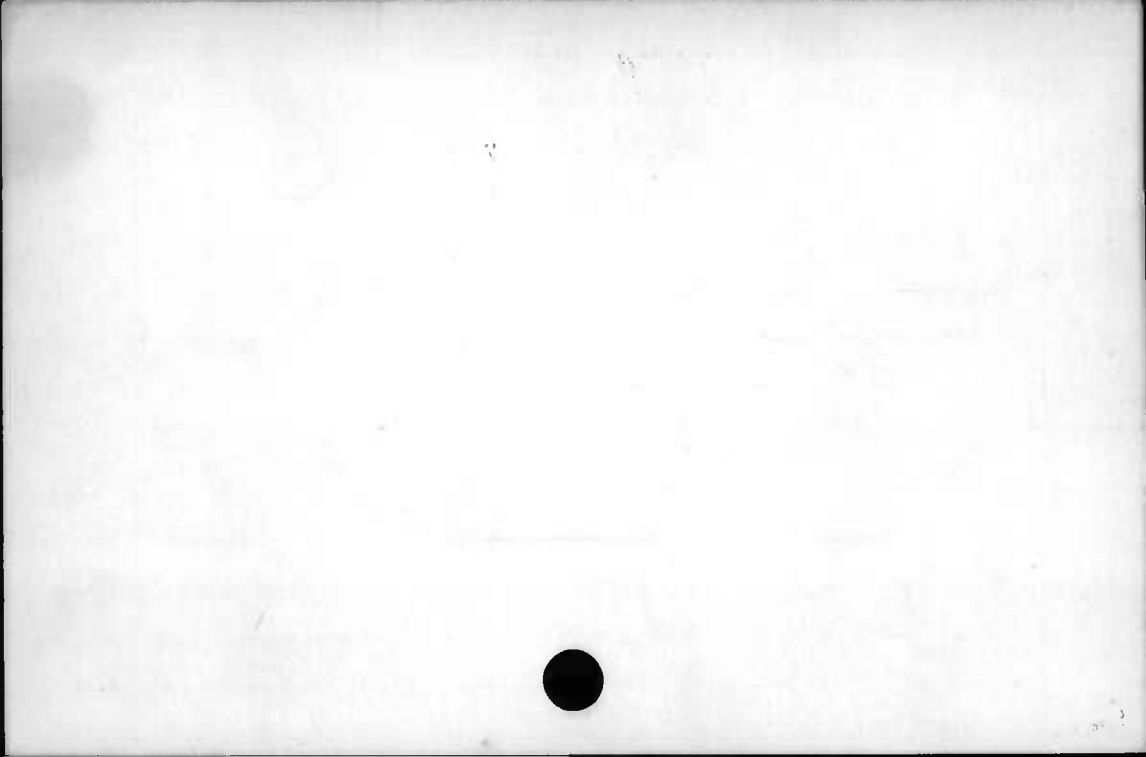
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>South Baltimore</i>		County <i>AA</i>		MARYLAND		
Date of death <i>1906</i>	Month <i>2</i>	Day <i>6</i>	Age <i>6</i>	Years <i>6</i>	Months <i>6</i>	Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ma</i>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband				
Father's Name <i>Harvey Jackson</i>			Father's Birthplace <i>Ma</i>			
Mother's Maiden Name <i>Rose Jackson</i>			Mother's Birthplace <i>Ma</i>			
Name of person giving information <i>Edna Webster</i>			How related to deceased <i>none</i>			

CAUSES OF DEATH

Primary	<i>Burned to death</i>	How long <i>(16)</i>
Immediate	<i>Suffocated</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. L. Hawthorne</i>
		Address <i>Brooklyn</i>
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Amin Johnson* Town *Annapolis* County *aa Co*

Died at *Annapolis*

Date of death *1906 Feb Thursday* Month *22* Day *22* Age *62* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Annapolis*

Occupation *Cook* Where Residing if not at place of death *80 Clay St*

Married, Single or Widowed *Married* Name of Wife or Husband *Charlotte Johnson*

Father's Name *William H Ford* Father's Birthplace *aa Co*

Mother's Maiden Name *Sarah Ford* Mother's Birthplace *aa Co*

Name of person giving information *(120)* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

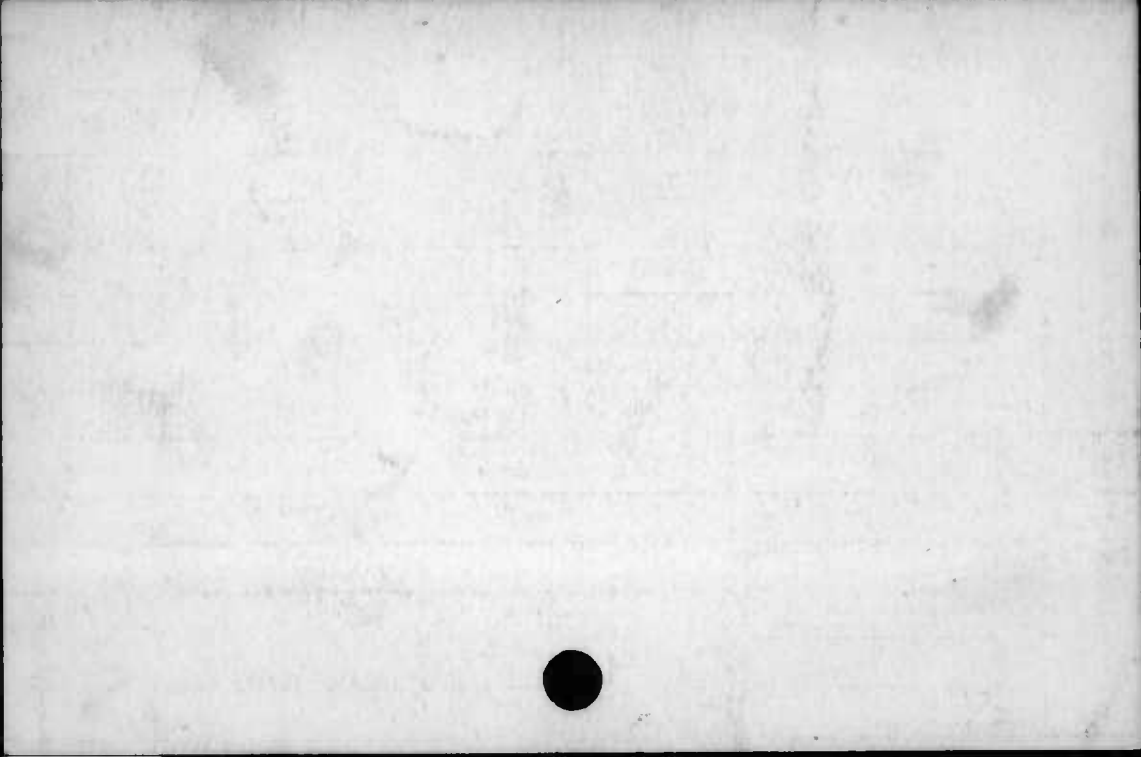
Primary *Chronic Nephritis* How long *Months*

Immediate *Exhaustion* How long *Gradual*

Are the name, age, sex, color, date and place correctly given above?
Yes

Signature of Physician *John Ridout M.D.*
Address *Annapolis Md*

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

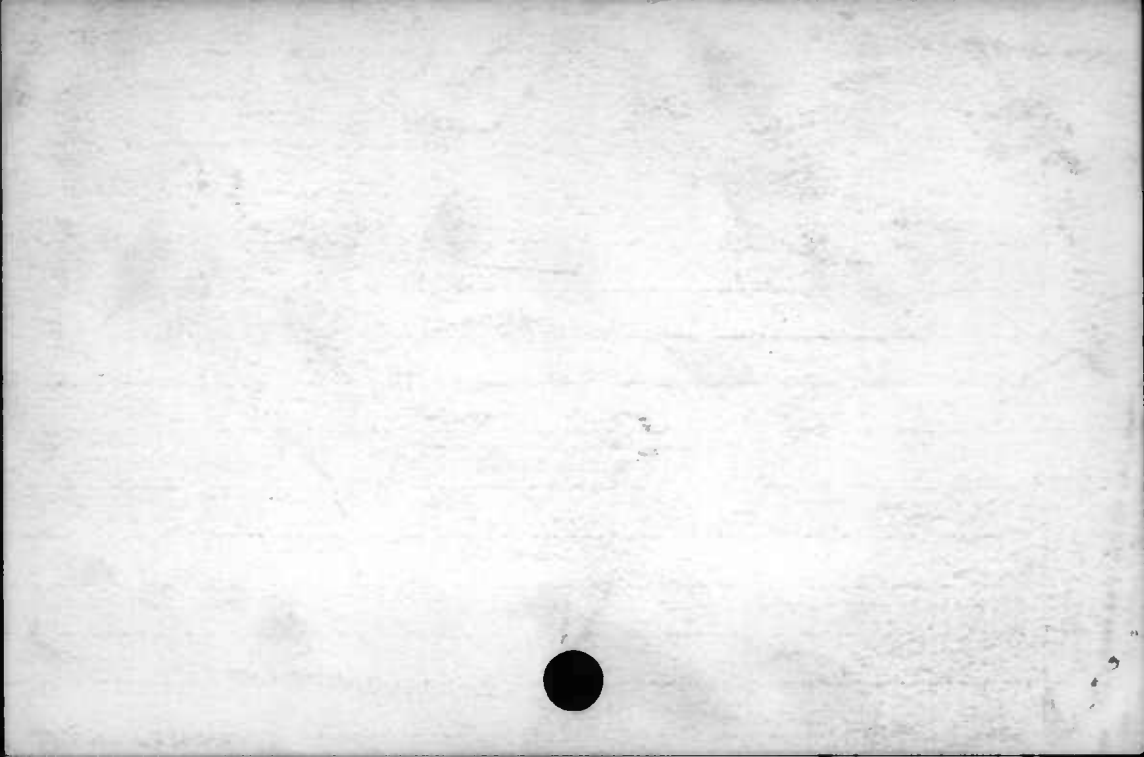
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>St. Anne</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>3</i>	
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Annapolis</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>24 Clay St</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>John Johnson</i>				Father's Birthplace <i>A.A. Lee</i>			
Mother's Maiden Name <i>Charlotte P. Johnson</i>				Mother's Birthplace <i>A.A. Lee</i>			
Name of person giving information <i>Mother</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>congenital Loue's</i>	How long <i>since Birth</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

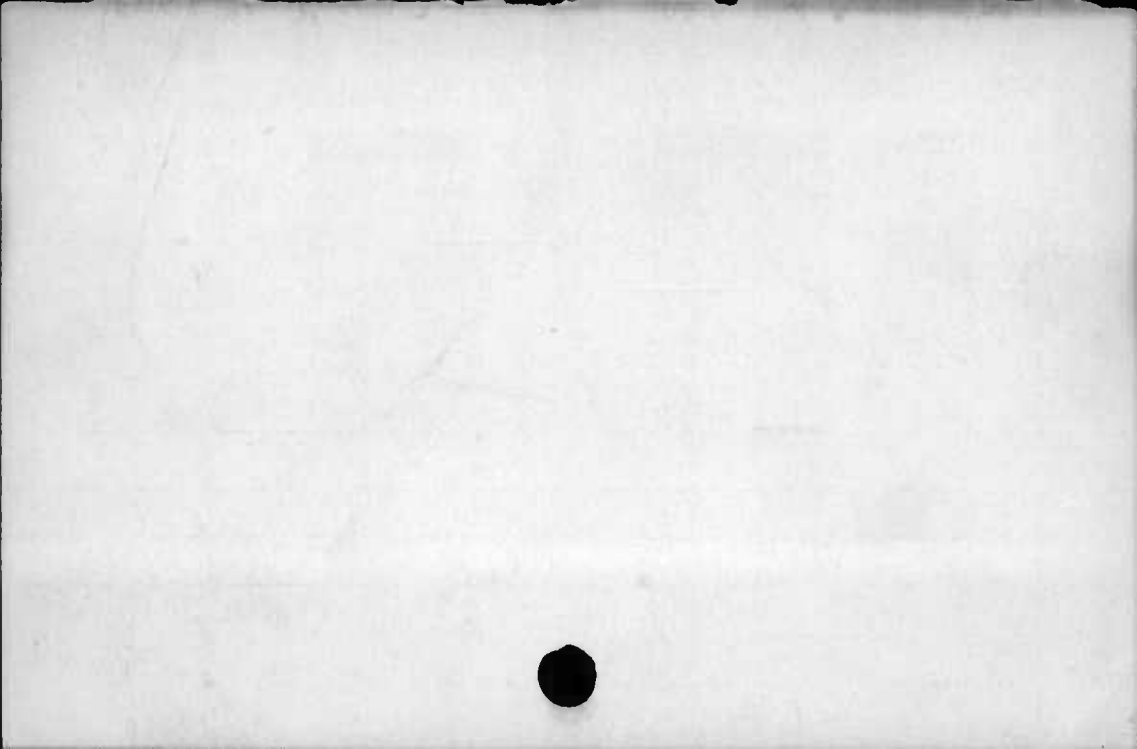
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Ch</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>21</i>	Age <i>23</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Bohemia Austria</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>West Annapolis</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary McIlhanna</i>						
Father's Name <i>Michael McIlhanna</i>	Father's Birthplace <i>Bohemia Austria</i>						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information <i>Antone Deel</i>	<i>(108)</i>			How related to deceased <i>Son-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

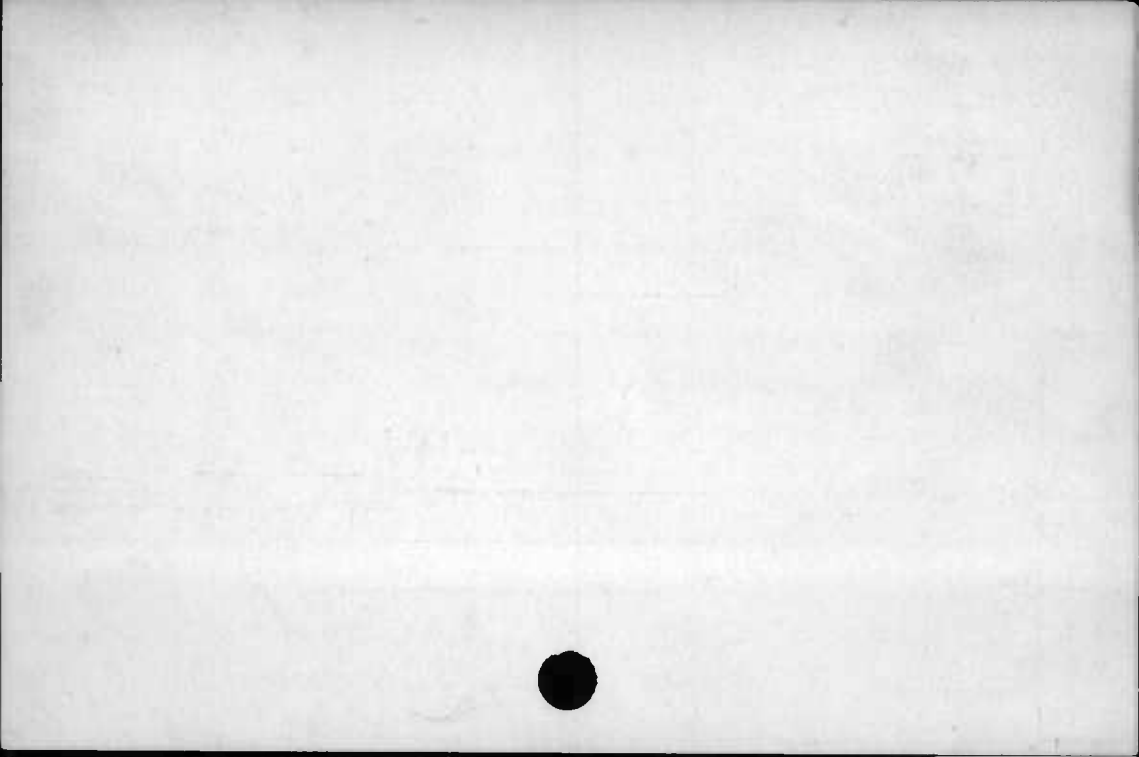
Primary <i>Right Irreducible Inguinal Hernia</i>	How long <i>6 days</i>
Immediate <i>Uraemic Coma</i>	How long <i>30 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Louis B. Heukel Jr</i>
	Address <i>Annapolis, Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full		Marie A. Lang				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Annapolis		A			
Date of death		1906	Month	Day	Age	Months	Days
		1	6	21		8	
Sex		Female		Color or Race		White	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Herman Lang				Father's Birthplace	
						Baltimore Md.	
Mother's Maiden Name		Mamie Aaron				Mother's Birthplace	
						Annapolis Md.	
Name of person giving information		Herman Lang				How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pneumonia	(93)	How long	11 days
	Immediate	Exhaustion		How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. Wells	
	yes		Address	Annapolis Md.	
Accident or Suicide?		no			



Name
in
Full

Matthias Lowman. Balco Md.

CERTIFICATE OF DEATH

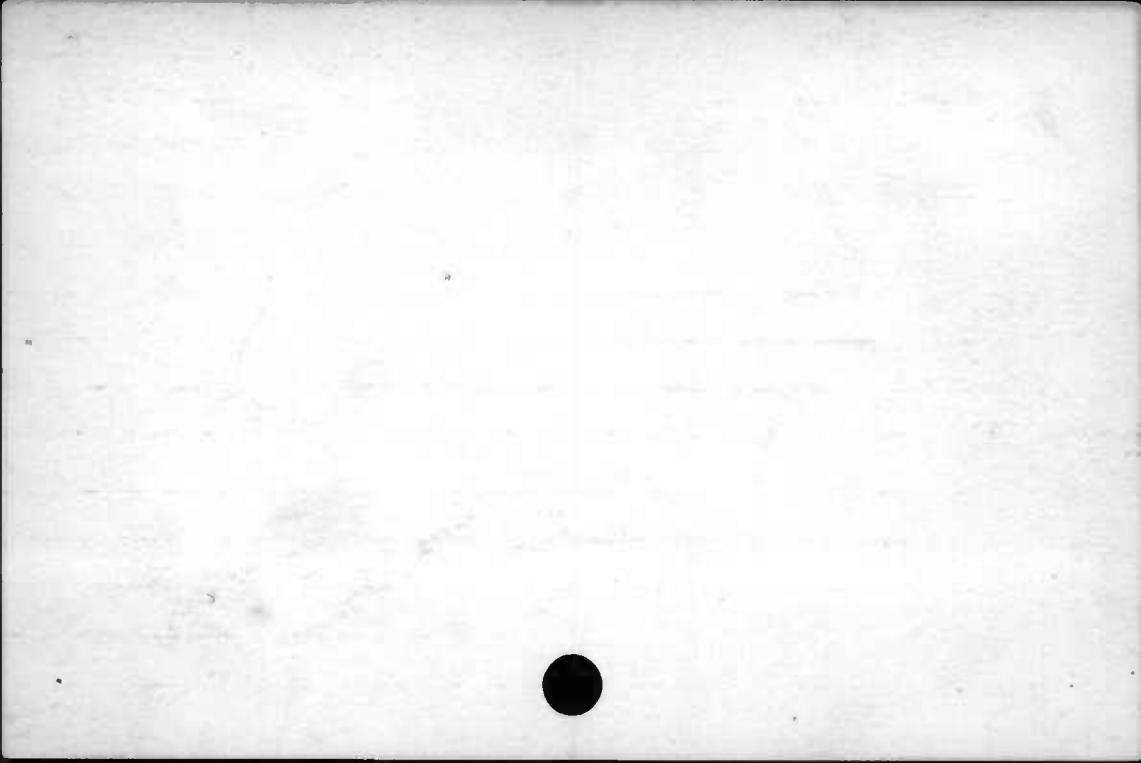
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gambells</i>		Town <i>Amesbury</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>2nd</i>	Day <i>21st</i>	Age <i>43</i>		Years	Months	Days
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Amesbury Co</i>			
Occupation <i>Labour</i>		Where Residing if not at place of death <i>Near Odenton</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Richard Lowman</i>		Father's Birthplace <i>Amesbury Co</i>					
Mother's Maiden Name <i>Caroline Hammond</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Denton Lowman</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gunshot wound.</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Correct.</i>	Signature of Physician <i>Lester P. Disney J. P.</i>
	Address <i>Odenton</i>
Accident or Suicide? <i>Suicide</i>	<i>aa. Co Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

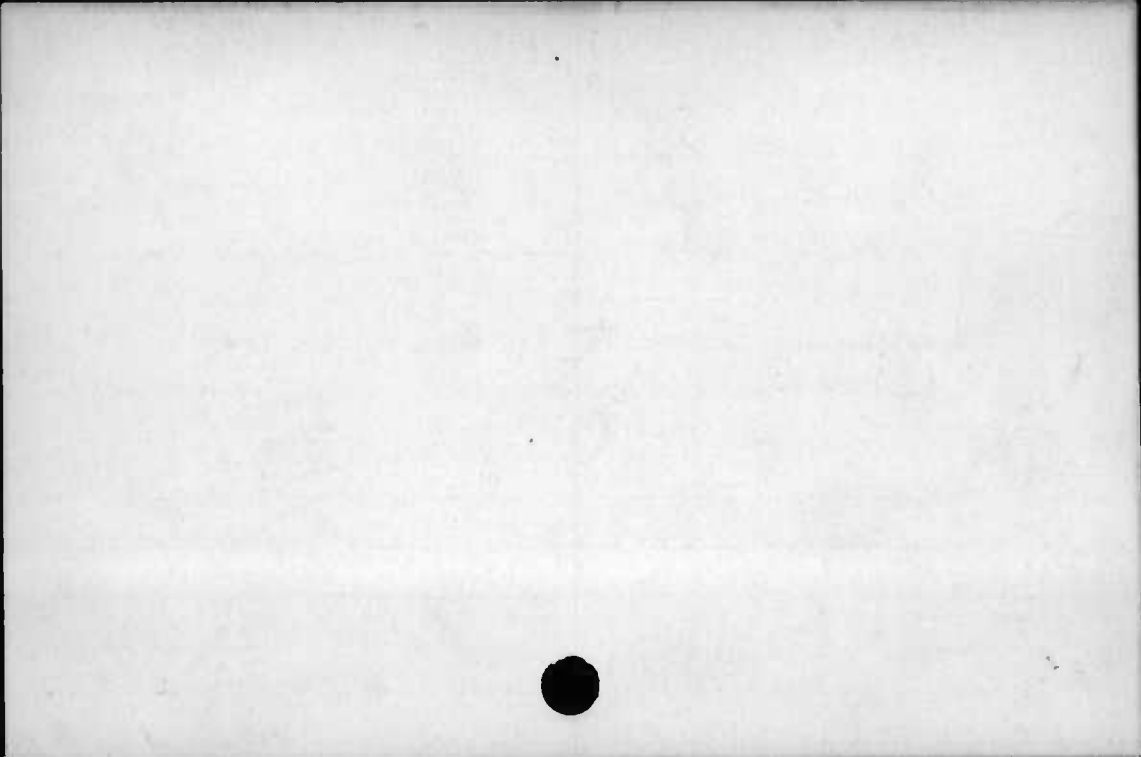
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>Albany</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Feb</i>	Day <i>16</i>	Age <i>—</i>	Years <i>—</i> Months <i>Two months</i> Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>W H Whiting</i>		Father's Birthplace <i>New Glasgow Va</i>		Mother's Birthplace <i>Lynchburg Va</i>	
Mother's Maiden Name <i>Anna B Robertson</i>		How related to deceased <i>Father</i>		<i>(151)</i>	
Name of person giving information <i>W H Whiting</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER
(1)

Primary	<i>Immature Birth</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Perovich, M.D.</i> Address <i>Annapolis, Md.</i>
Accident or Suicide? <i>no</i>		



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Murdock		Town		County		MARYLAND	
Died at Annapolis		A. A.					
Date of death	1906	Month	Feb.	Day	11	Age	40
Sex	Male	Color or Race	Colored	Birthplace	Annapolis	Months	Days
Occupation	Laborer	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Phillips Murdock	Father's Birthplace		Eastern Shore			
Mother's Maiden Name	Sarah Morris	Mother's Birthplace		Annapolis Md			
Name of person giving information	Sarah Morris	How related to deceased		Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy (64)		How long	A few hours
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		John Ridout	
	Address		Annapolis Md	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

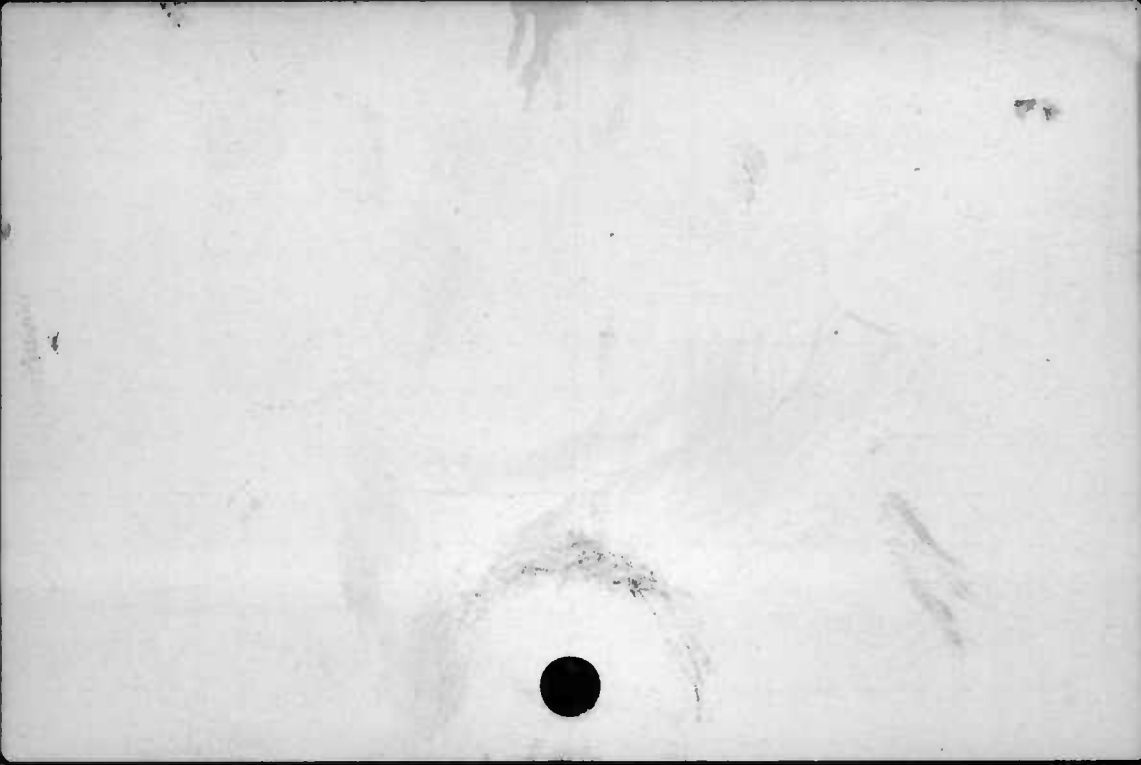
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Frank Perry		Town Brooklyn		County aa. Co.		MARYLAND	
Died at Brooklyn		Date of death 1906 Feb 27th		Age +		Months + Days 16	
Sex Male		Color or Race White		Birthplace Brooklyn			
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____				Name of Wife or Husband _____			
Father's Name Frank L. Perry				Father's Birthplace Canada			
Mother's Maiden Name Lena J. Perry				Mother's Birthplace Canada			
Name of person giving information Mother				How related to deceased _____			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bronchitis		How long Since birth	
Immediate Pneumonia		How long _____	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician William D. Scott M.D.	
		Address Burtis Bay All Co, Maryland	
Accident or Suicide? _____			



Name
in
Full

Richard A Pointer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>A A</i>		MARYLAND	
Date of death <i>1906 Feb.</i>		Month <i>Feb.</i>		Day <i>18</i>		Age <i>1</i> Years	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Months <i>10</i>		Days <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Birth-place <i>Annapolis</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>Wm. Pointer</i>		Father's Birthplace <i>Annapolis</i>	
Mother's Maiden Name <i>Eliza Hamilton</i>		Name of person giving information <i>Eliza Hamilton</i>		Mother's Birthplace <i>A A Colbr</i>		How related to deceased <i>brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>Several weeks</i>
Immediate	<i>Asthemia</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John Ridout</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide?			



Name
in
Full

Still born center

M M!
CERTIFICATE OF DEATH

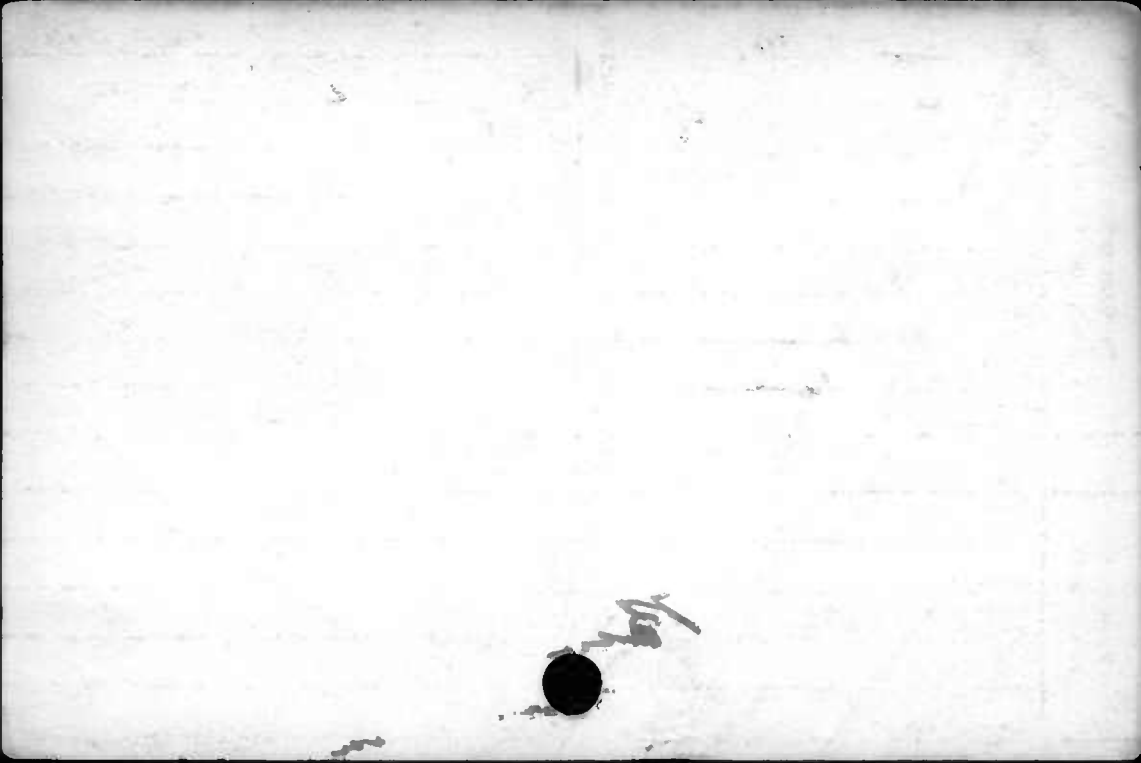
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> ^{Town}		<i>Annapolis</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>Feb</i> ^{Month}	<i>15</i> ^{Day}	<i>St</i> ^{Age}	<i>—</i> ^{Years}	<i>—</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>11 Monument St</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Rich Pointe</i>		Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Katherine Brown</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Katherine Brown</i>		How related to deceased <i>Grandma</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout M.D.</i>	
<i>yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name
in
Full

Jasper Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Sudley</i> ^{Town}		<i>Anne Arundel</i> ^{County}			
Date of death <i>1906</i>	<i>7</i> ^{Month}	<i>12</i> ^{Day}	Age <i>44</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Sudley</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Not known</i>			
Father's Name <i>Unknown</i>			Father's Birthplace		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace		
Name of person giving information <i>George Adams</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

Primary <i>Typhoid Fever</i>	How long <i>1</i>
Immediate <i>Golbecursor & Pneumonia</i>	How long

Are the name, age, sex, color, date and place correctly given above?

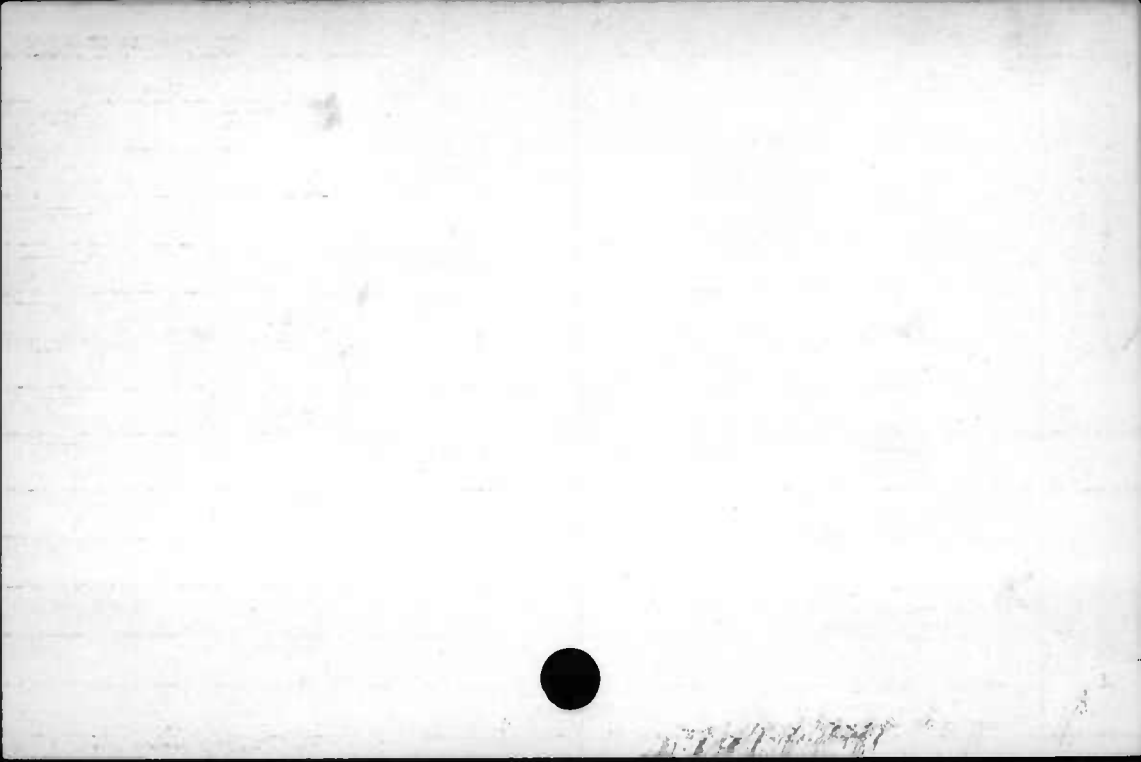
Yes

Signature of Physician

Address

M. G. Ellzey, M.D.
Sudley
Maryland

Accident or Suicide?



Name
in
Full

Margaret Mergyle Sewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} East Port -

County Anne Arundelle

Date of death 1906

Month Feb

Day 12

Age

Years 4

Months 11

Days 21

Sex Female

Color or
Race

White

Birth-
place

East Port A A Co

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John W. Sewell

Father's
Birthplace

Annapolis

Mother's
Maiden Name

Margaret C. Burns

Mother's
Birthplace

Annapolis

Name of person giving
In formation

John W. Sewell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Eating Canned Beef

How long

—

Immediate

Poisoning

How long

A few hours

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

S. S. Hephum

Address

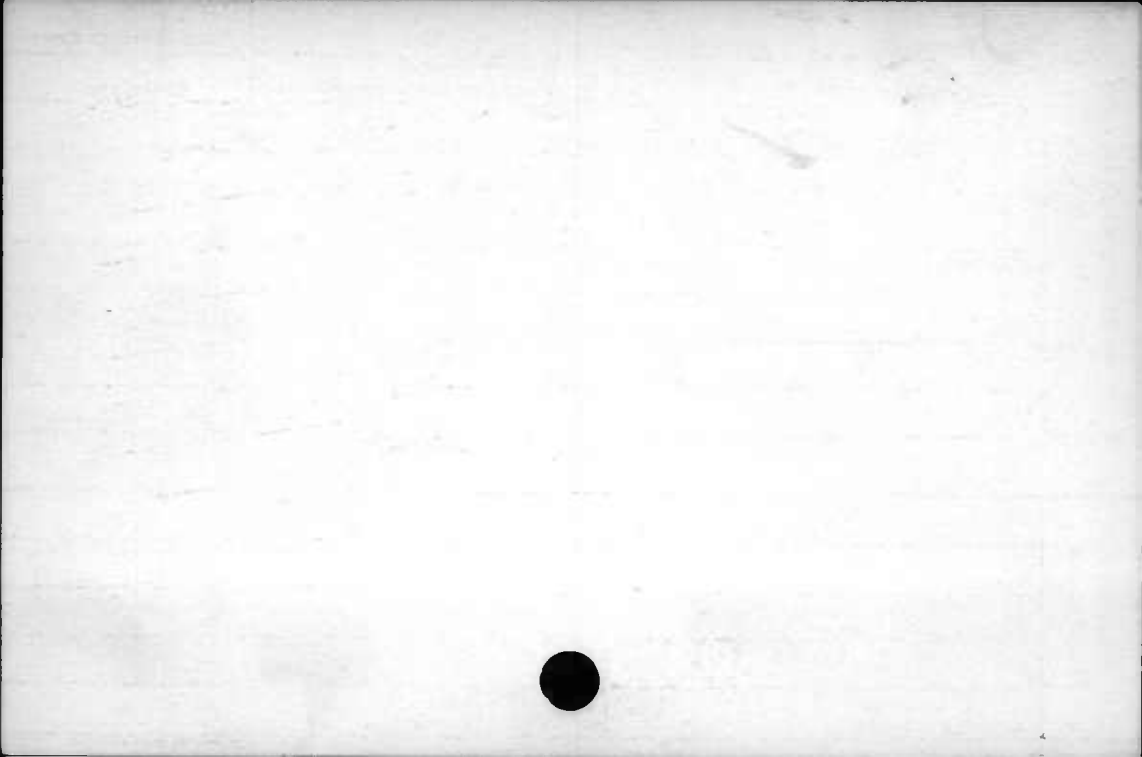
Annapolis

Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

1



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Hammond ^{Town}

County Quinn

MARYLAND

Date of death 1906 Feb

Day
24

Age 42 Years

Months

Days

Sex *Female*

Color or Race

Colored

Birth-
place

Hawes

Occupation

Hauseing

Where Residing if not
at place of death

Married, ~~Single~~
~~Widowed~~

m

Name of ~~_____~~ or
Husband

Ballard Spriggs

Father's
Name

Father's Birthplace

Mother's
Maiden Name

Mother's Birthplace

Name of person giving
In formation

Barland Shriggs

How related
to deceased

Hushane

CAUSES OF DEATH

Primary

Hemorrhage Stomach

How long

2 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Muskegon Creek and
West River

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

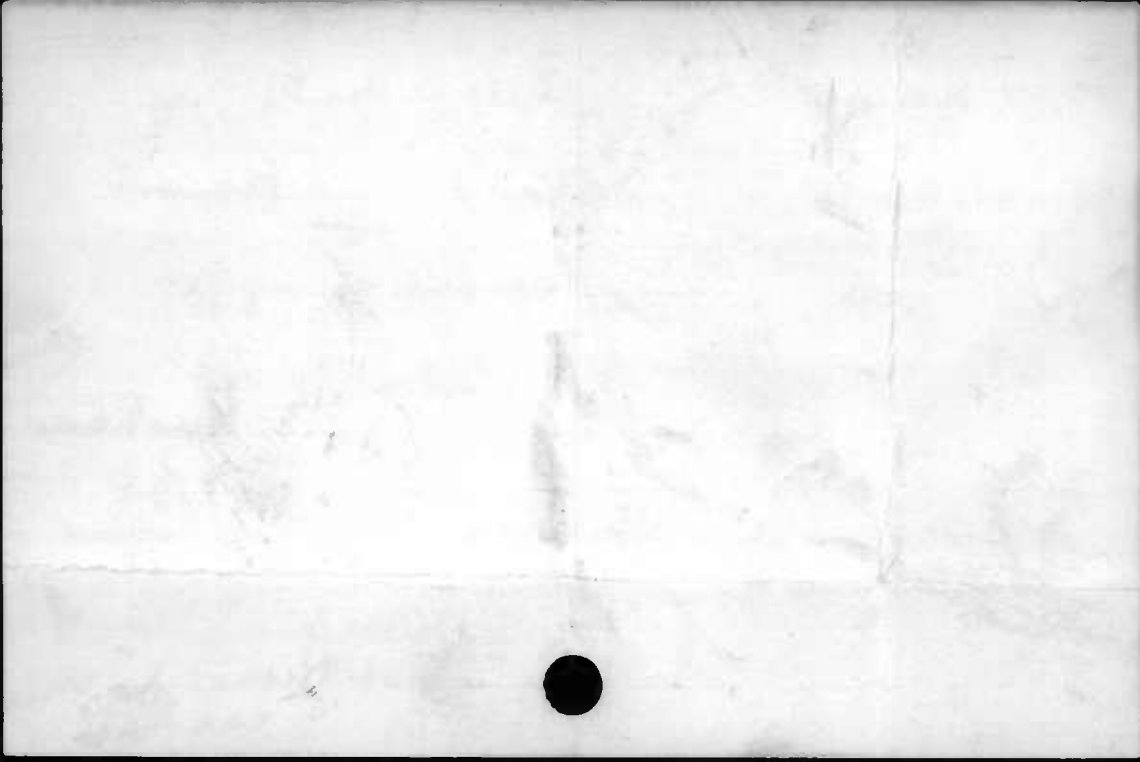
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Garrison Spencer		Town Marley		County AA		MARYLAND	
Died at Marley		Date of death 1906 February 24		Age 43		Months AA Days Co -	
Sex male		Color or Race African		Birthplace AA Co -			
Occupation Labour		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife or Husband Laura Baxter					
Father's Name James Spencer		Father's Birthplace AA Co					
Mother's Maiden Name Hannah		Mother's Birthplace AA Co					
Name of person giving information James Baxter		How related to deceased Nephew					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diagnosis - acute Rheumatism	How long 1 week
Immediate Heart failure	How long one hour
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Thos H. Brayman
yes -	Address Allen B. B. B.
Accident or Suicide?	



Name
in
Full

Emley, Florence Suit-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

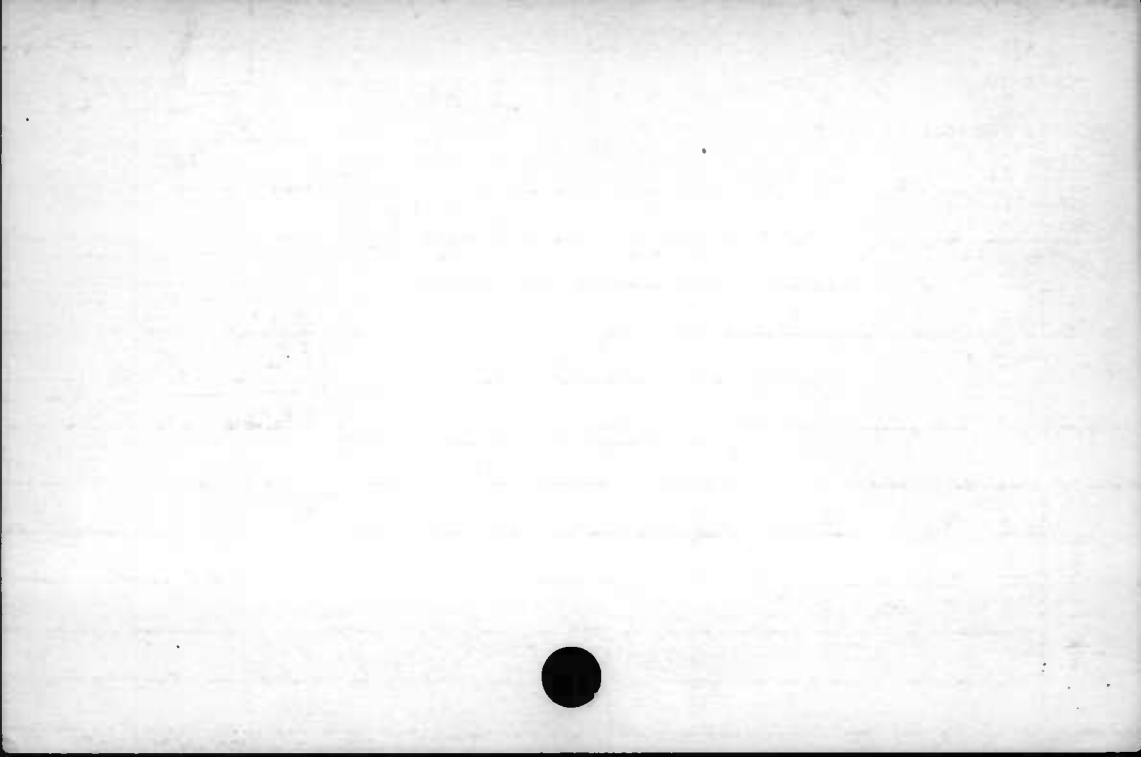
MARYLAND

Died at <i>East Port</i>		Town <i>East Port</i>		County <i>Anne Arundell</i>	
Date of death <i>1906</i>	Month <i>Feb</i>	Day <i>19</i>	Age <i>18</i>	Years <i>18</i>	Months <i>10</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>East Port</i>	
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>James M. Suit</i>			Father's Birthplace <i>Anne Arundell Co.</i>		
Mother's Maiden Name <i>Mary E. Tervo</i>			Mother's Birthplace <i>Annapolis Md</i>		
Name of person giving information <i>James M. Suit</i>			How related to deceased <i>Father</i>		

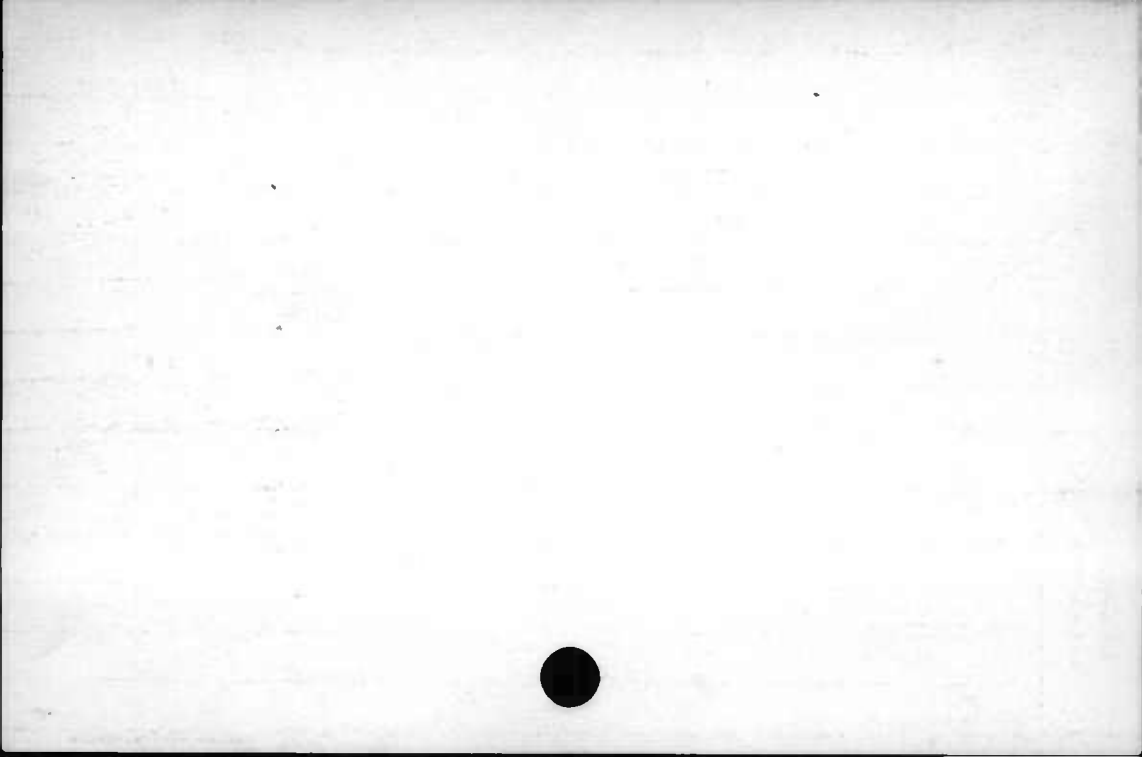
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Influenza</i>	How long	<i>Ten days</i>
Immediate	<i>Exhaustion</i>	How long	<i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout MD</i>	
<i>yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name in Full		Joseph Marion Tarleton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Annapolis		^{County} A. Annapolis		MARYLAND	
		Date of death 1906 Feb 23		Age Years 6		Months 7 Days	
		Sex Male		Color or Race White		Birth-place Annapolis	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name Joseph M. Tarleton		Father's Birthplace Annapolis			
		Mother's Maiden Name Elsie Lowman		Mother's Birthplace 11			
Name of person giving information Joseph Tarleton		How related to deceased Father					
CAUSES OF DEATH							
PHYSICIAN OF CORONER (1)		Primary Meningitis (61)		How long 36 hrs			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above? ym.		Signature of Physician J. Oliver Purvis			
				Address Annapolis Md			
Accident or Suicide? m							




Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>South Baltimore</u> ^{Town}		<u>A-A</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>2</u>	Day <u>6</u>	Age <u>30</u> ^{Years}	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Md</u>		
Occupation <u>Laburn</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Ella Webster</u>			How related to deceased <u>name</u>		

CAUSES OF DEATH

Primary <u>Burnt to death</u>	(167)	How long <u>—</u>
Immediate <u>Asphyxiation</u>		How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm L Hawkins</u>	Address <u>Brooklyn Md</u>
Accident or Suicide? <u>—</u>		

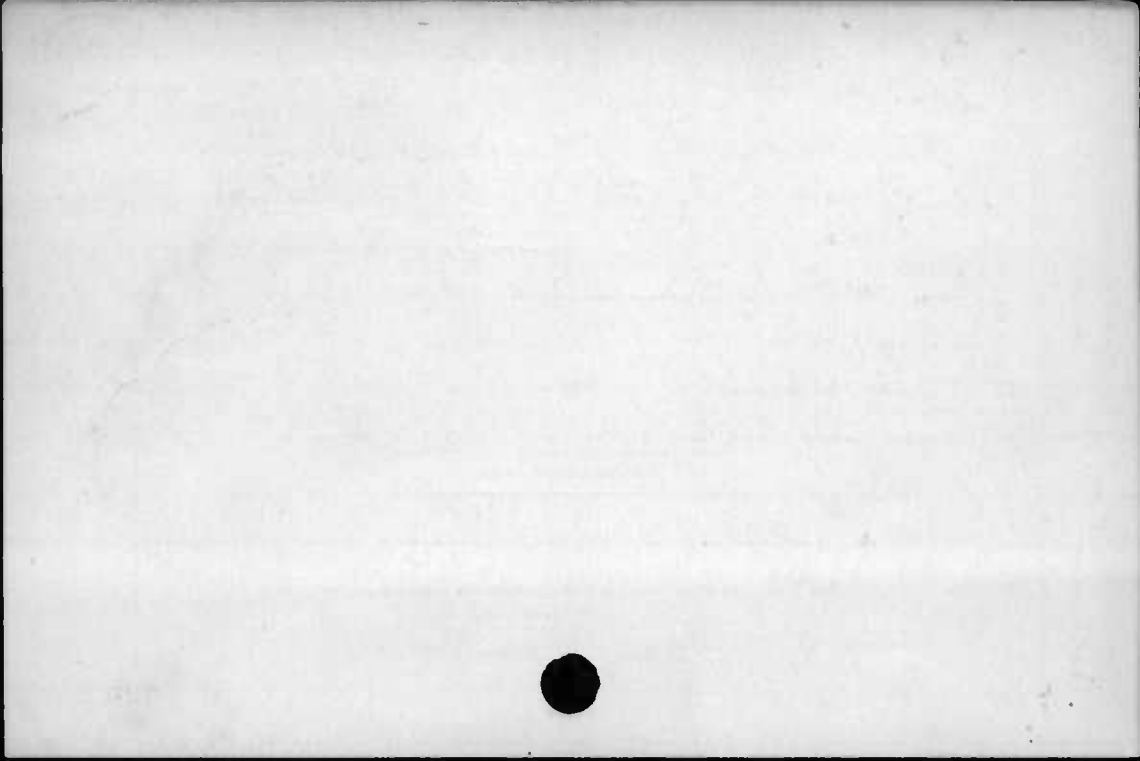
PHYSICIAN
OR CORONER
(1)



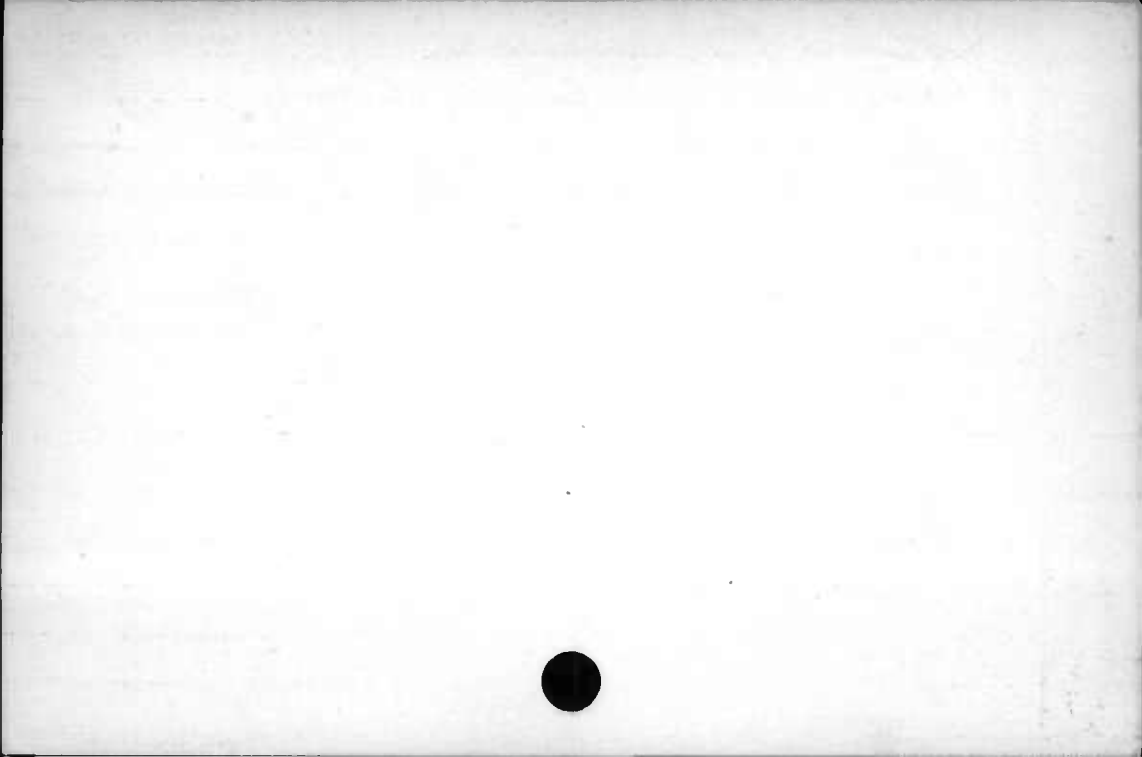
Name in Full Yannah Thomas		TOWN Annapolis		COUNTY A A		CERTIFICATE OF DEATH	
Died at Annapolis		MAYLAND		MAYLAND			
Date of death 1906 Feb. 13		Age 62		Months —		Days —	
Sex Female		Color or Race Colored		Birth-place Annapolis Md			
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Geo. Thomas deceased					
Father's Name —		Father's Birthplace —					
Mother's Maiden Name Sarah Boston		Mother's Birthplace Annapolis					
Name of person giving information Sarah Thomas		How related to deceased Daughter					
CAUSES OF DEATH							
Primary Influenza Apoplexy		How long Four days					
Immediate Heart Failure		How long —					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John Ridout M.D.		Address Annapolis Md			
Accident or Suicide? —							

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OF CORONER



Name in Full		Alice Turner				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Churchton		County		MARYLAND						
	Date of death		1906	Month	Feb	Day	7	Age	Years	5	Months	—	Days
	Sex		Female		Color or Race		Colored		Birth-place		Maryland		
	Occupation		None		Where Residing if not at place of death		—						
	Married, Single or Widowed		Single		Name of Wife or Husband		—						
	Father's Name		Arthur Turner				Father's Birthplace		Ind				
	Mother's Maiden Name		Jane Blunk				Mother's Birthplace		Ind				
Name of person giving information		Arthur Turner				How related to deceased		Father					
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary		Pneumonia				How long		6 day 8				
	Immediate		Bronchitis Pneumonia				How long		12 hours				
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		Geo T. Dent				
							Address		Churchton				
Accident or Suicide?													

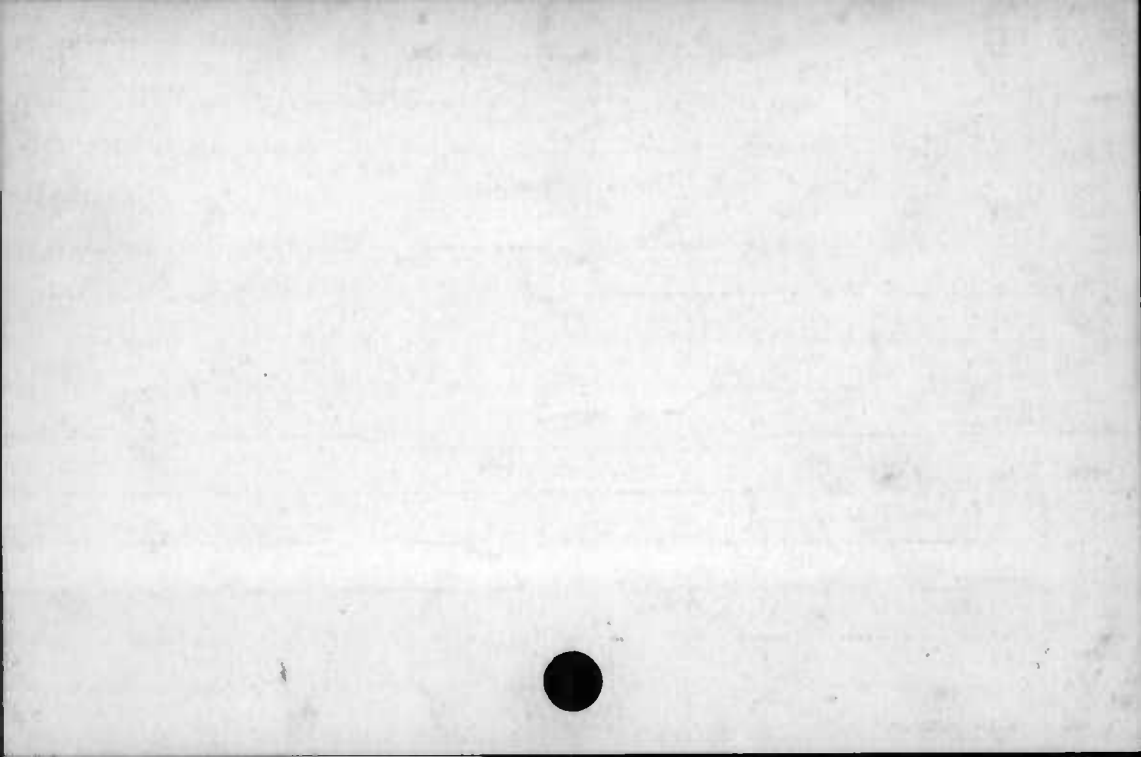


Name in Full John B. Turner		CERTIFICATE OF DEATH	
Died at Eastport Town		County A.A. County	
Date of death July 23 190 6		Age 31 Years	
Sex Male		Color or Race Colored	
Occupation Hard Coarse		Birth-place Marley Neck	
Where Residing if not at place of death Eastport			
Married, Single or Widowed Married		Name of Wife or Husband Anna Turner	
Father's Name Samuel Turner		Father's Birthplace Calvert Co.	
Mother's Maiden Name May A. Booth		Mother's Birthplace " "	
Name of person giving information Richard Turner		How related to deceased brother	
CAUSES OF DEATH			
Primary Pleuro. Pneumonia		How long Four days	
Immediate Heart Failure		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John Ridout	
		Address Annapolis Md	
Accident or Suicide?			

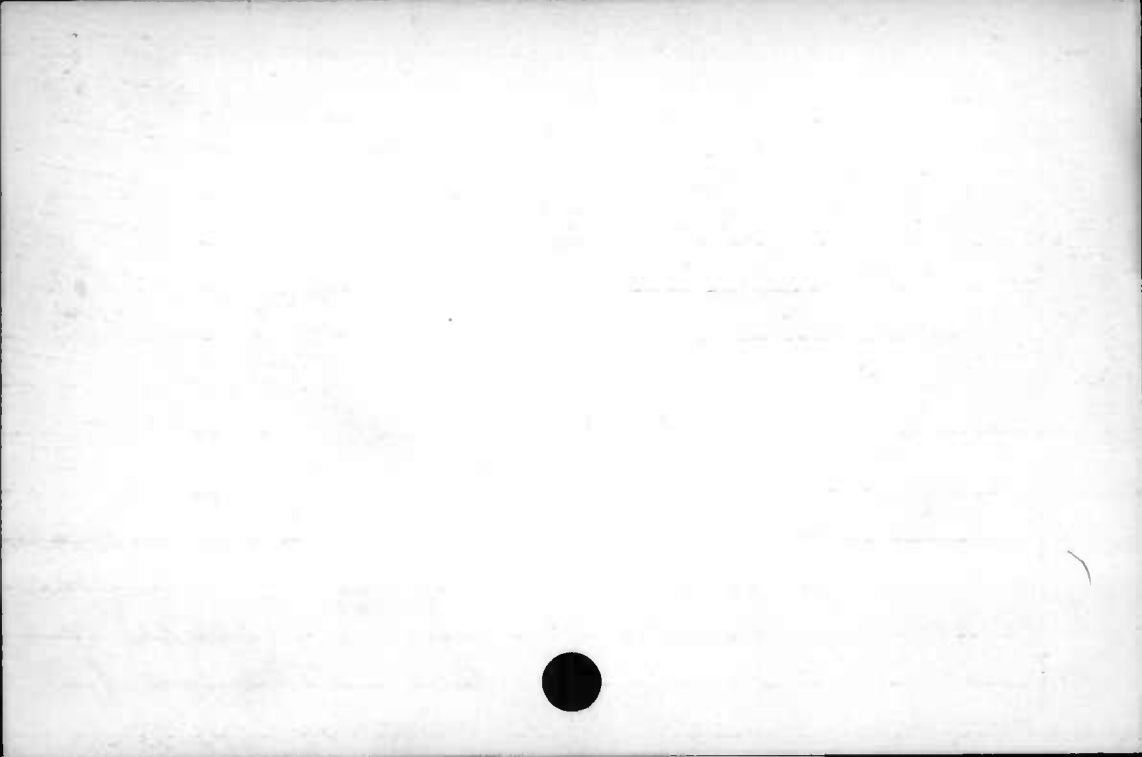
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name in Full		Eleanor J. Tordings				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	St Margret's 3 dist		Anne Arundell				
	Date of death	1906	Month	Feb.	Day	24	Age
	66		Years	Months		Days	
	Sex	Female		Color or Race	White		Birth-place
	3 dist		A. A. Co				
	Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
Henry Tordings							
Father's Name	Walter Hornum				Father's Birthplace	Md	
Mother's Maiden Name	Do not know				Mother's Birthplace		
Name of person giving information	Carrol Boice				How related to deceased	None.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Bronchi Pneumonia				How long	7 days
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes.				Signature of Physician	(92) D. Ridout M.D.
						Address	St Margret's A. A. Co Md
Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

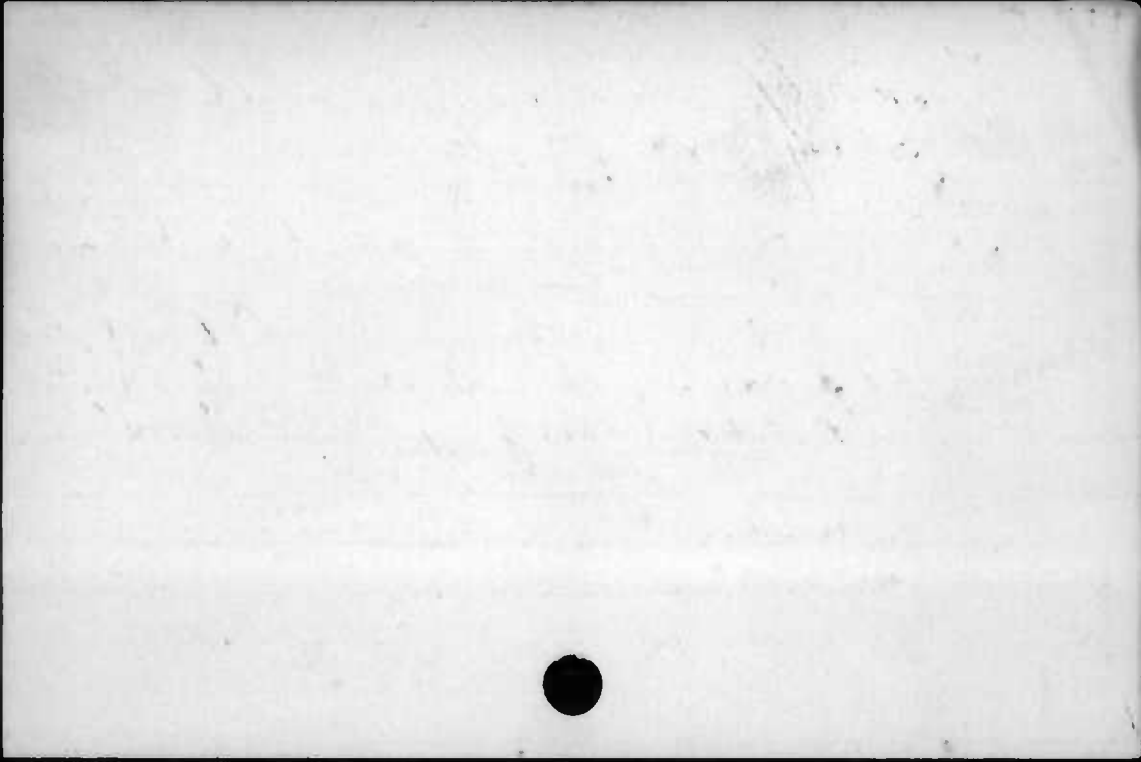
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> Town <u>Annapolis</u> County <u>Annapolis</u> MARYLAND	
Date of death <u>1906</u> Month <u>February</u> Day <u>12</u> Age <u>16</u> Years <u>16</u> Months <u>—</u> Days <u>—</u>	
Sex <u>Male</u> Color or Race <u>Colored</u> Birth-place <u>Annapolis</u>	
Occupation <u>Laborer</u> Where Residing if not at place of death <u>20 Federal St.</u>	
Married, Single or Widowed <u>Single</u> Name of Wife or Husband <u>—</u>	
Father's Name <u>James Pratt</u> Father's Birthplace <u>A A Co</u>	
Mother's Maiden Name <u>Harriet Harrison</u> Mother's Birthplace <u>A A Co</u>	
Name of person giving information <u>Northrup</u> How related to deceased <u>Sister</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuber culosis</u> <u>(2)</u>	How long <u>Hereditary</u>
Immediate <u>Hemorrhage</u>	How long <u>A few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>They are</u>	Signature of Physician <u>R. P. Keenan m.d.</u>
	Address <u>B.O. Cathedral St.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thos Wells</i>		County <i>A A</i>			
Date of death <i>1906 Feb</i>		Month <i>16</i>	Day <i>16</i>	Age <i>36</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>			
Occupation <i>Oysterman</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Martha Scott</i>				
Father's Name <i>Wm. Wells</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Joshua Drummie</i>	How related to deceased <i>Friend</i>				

CAUSES OF DEATH

Primary <i>Tuberculosis of Lungs</i>	How long <i>8 mos</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. F. Fink</i>
	Address <i>Ph Shuckton</i>
Accident or Suicide? <i>—</i>	

PHYSICIAN
OR CORONER

11



Name
in
Full

CERTIFICATE OF DEATH

Louis Westphal

Town

County

MARYLAND

Died at

Annapolis

a.d.

Date

Month

Day

Years

Months

Days

of death

1906

Feb.

20

Age

16

6

Sex

Male

Color or
Race

White

Birth-
place

Annapolis

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Henry Westphal

Father's
Birthplace

Germany

Mother's
Maiden Name

Elizabeth Westphal

Mother's
Birthplace

Annapolis, Md.

Name of person giving
In formation

Henry Westphal

How related
to deceased

Father

CAUSES OF DEATH

Primary

Traumatic Peritonitis

How long

3 days

Immediate

Blood poisoning

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Geo. Wells

Address

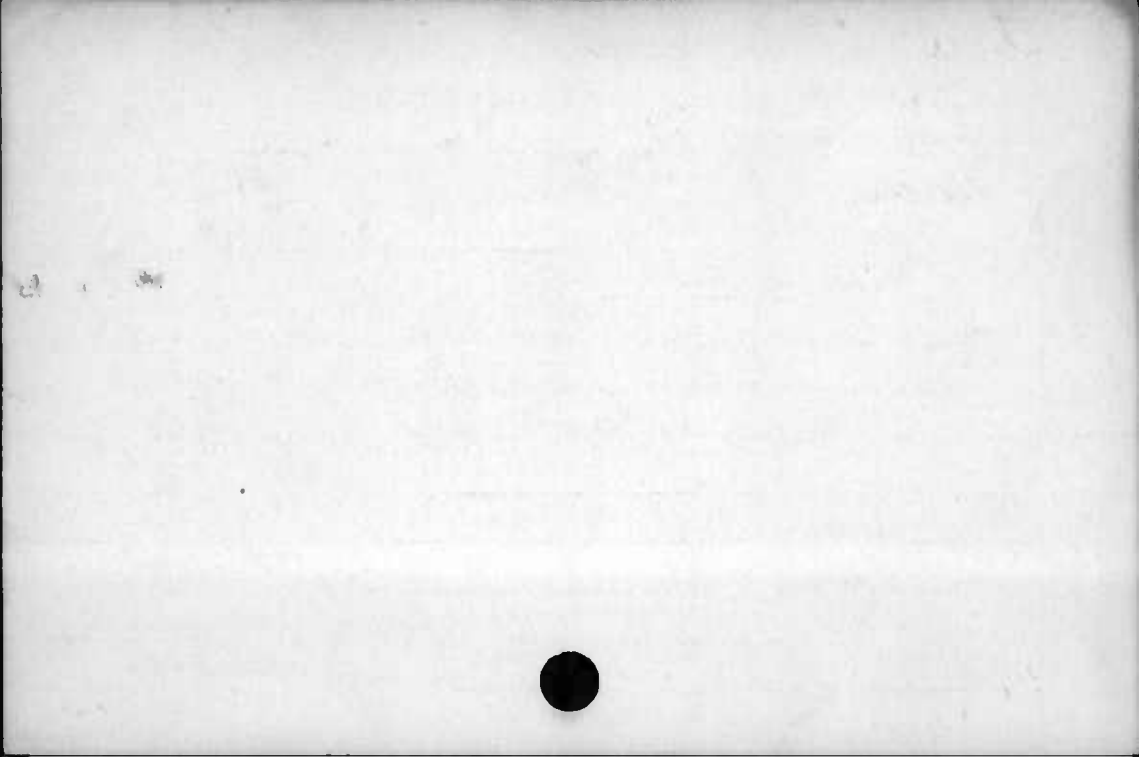
Annapolis,
Md.

Accident or Suicide?

Accident

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

Dennis Whelan

CERTIFICATE OF DEATH

Died at <i>Jessup</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death	1906	Month	2	Day	17
		Age	52	Years	
Sex	Male	Color or Race	White	Birthplace	Baltimore Md.
Occupation	Marble polisher	Where Residing if not at place of death	Baltimore City		
Married, Single or Widowed	Widower	Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Louis Cole	(79)		How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral regurgitation	How long	Six months
Immediate	Syncope	How long	five minutes
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. T. Hammond
		Address	Jessup, Md...
Accident or Suicide?	No		

